

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Hiroaki ITO et al.

Title: A PREVENTIVE OR THERAPEUTIC AGENT FOR  
INFLAMMATORY BOWEL DISEASE COMPRISING IL-6  
ANTAGONIST AS AN ACTIVE INGREDIENT

Appl. No.: 10/677,227

Appl. Filing Date: 10/3/2003

Examiner: Prema Maria MERTZ

Art Unit: 1646

Confirmation Number: 8597

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir/Madam:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Enclosed are:

[ X ] Amendment/Reply.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$810.00	= \$810.00
Total Claims:	6	-	48 = 0	x \$52.00	= \$0.00
Independents	1	-	10 = 0	x \$220.00	= \$0.00
CLAIMS FEE TOTAL:					= \$810.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,110.00	\$1,110.00
EXTENSION FEE SUBTOTAL:		\$1,110.00
EXTENSION FEE ALREADY PAID: -		\$490.00
EXTENSION FEE TOTAL		\$620.00
TOTAL FEE:		\$1,430.00

The above-identified fees of \$1,430.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the

credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 19, 2010

By 

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Customer Number: 22428  
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